


## Newborn Hearing Screening

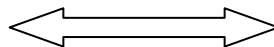
This survey is sent to parents of infants who passed their initial newborn hearing screening at the birth hospital. Please respond to the questions that you can answer. If your baby has ever received additional hearing testing after he/she went home from the hospital, please contact ...

- 1) Your relationship to baby: \_\_\_\_\_  
(Example: mother, father, grandmother, grandfather, foster parent, etc.)
- 2) When did you first learn that your baby's hearing would be screened or needed to be screened?  
☐ Before hospital admission  
☐ While in the hospital  
☐ After hospital discharge  
☐ Not sure  
☐ Other: \_\_\_\_\_
- 3) How did you feel when you first learned that your baby would have his or her hearing screened?  
☐ Not at all anxious or worried  
☐ Somewhat anxious or worried  
☐ Anxious or worried  
☐ Very anxious or worried
- 4) How were you **first** told about the **results** of your baby's hearing screening? (Please check one)  
☐ The **staff** at the hospital where my baby's hearing was screened told me **before** I went home.  
☐ The **doctor** told me **before** I went home from the hospital.  
☐ I received a card or note **before** I went home from the hospital.  
☐ The **staff** at the hospital where my baby's hearing was screened told me **after** I went home.  
☐ The **doctor** told me **after** I went home from the hospital.  
☐ I got a letter with the results mailed to my home.  
☐ I was never told the results.  
☐ Other: \_\_\_\_\_  
 GO to 6
- 5) When you learned the **results** of your baby's hearing screening test, how did you feel?  
☐ Not at all anxious or worried  
☐ Somewhat anxious or worried  
☐ Anxious or worried  
☐ Very anxious or worried

6) Thinking back on your baby's hearing screening, please circle the number that shows how you felt for each statement.

**The people doing the screening were experienced with the equipment...**

Definitely yes



Definitely no

Not sure

1

2

3

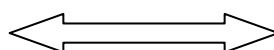
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☐

**The people doing the screening seemed to have lots of experience working with infants...**

Definitely yes



Definitely no

Not sure

1

2

3

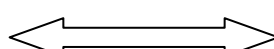
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**The test and explanations were done...**

Professionally



Unprofessionally

Not sure

1

2

3

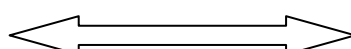
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☐

**Explanations and answers to your questions were...**

Clear



Confusing

Not sure

1

2

3

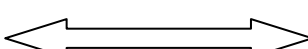
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☐

**The time from start to finish was...**

About right



Too long

Not sure

1

2

3

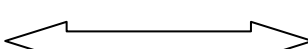
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☐

**Your opinions and suggestions were...**

Listened to



Not listened to

Not sure

1

2

3

4

5

☐

7) Overall, how satisfied were you with the **people** who provided hearing screening services to your baby?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Not very satisfied
- ☐ Not at all satisfied

8) Overall, how satisfied were you with the hearing screening **services** provided to your baby and family?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Not very satisfied
- ☐ Not at all satisfied

9) How often did someone at the hospital where you had your baby's hearing screened communicate with you in a language you use at home?

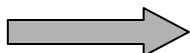
- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

10) Were you informed that hearing loss can develop at any time and that concerns should be discussed with your doctor?

- ☐ Yes
- ☐ No

11) Do any of your baby's family members have a hearing loss that began during childhood?

☐ Yes



**GO to 11a**

☐ No



**GO to 12**

11a) If yes, which ones?

☐ Mother   ☐ Grandmother   ☐ Sister   ☐ Aunt   ☐ Cousin  
☐ Father   ☐ Grandfather   ☐ Brother   ☐ Uncle   ☐ Other: \_\_\_\_\_

12) We would like to know about your baby's overall health. Please choose the word below that you think best describes your baby's overall health.

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

13) Does your baby have any health problems or special needs?

- ☐ Yes, please specify: \_\_\_\_\_
- ☐ No

14) Do you agree or disagree with the following statements about newborn hearing screening?

Agree Disagree

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Screening allows parents to do something positive if their baby has a hearing loss. |
| <input type="checkbox"/> | <input type="checkbox"/> | Screening leads to early diagnosis if the baby has a hearing loss.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Screening leads to early treatment if it is needed.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Screening makes parents worry unnecessarily.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Screening takes too much effort.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Screening wakes or upsets the baby.   |

15) If you had another baby, would you want him or her to have his or her hearing screened?

☐ Yes

☐ No

16) How are your baby's medical expenses paid?

☐ Medicaid

☐ Medicaid HMO

☐ Private

☐ Other HMO

☐ Self pay

☐ Unknown

17) Please list any suggestions you have for improving the newborn hearing screening process:

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**Thank you for your help with this survey. Your responses will be used to help improve the hearing screening process for all families.**